PERSONNEL 03.12321 AP.22

Sick Leave Bank Usage Application

Name:
Title:
SCHOOL/LOCATION:
EMPLOYEE IDENTIFICATION NUMBER:
Number of Days Requested:
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☐ Serious accident by the employee requiring extended work absences;
☐ Serious illness of the employee;
☐ Extended hospitalization of the employee, or
☐ Other serious, extenuating circumstances normally allowed for sick leaves approved by the Sick Leave Bank Committee.
STARTING DATE OF LEAVE ENDING DATE OF LEAVE
NATURE OF ILLNESS OR INJURY - Please provide specific information, for which the sic leave is requested.
If requested, you must attach a detailed statement from your attending physician stating the nature of the illness and the date that your physician anticipates releasing you to return to work of the state of the illness of a family member, please provide the same documentation.
DECISION OF SICK LEAVE BANK USAGE COMMITTEE
□ APPROVED NUMBER OF DAYS BEGINNING DATE
□ DENIED REASON
Signature, Committee Chairperson Date

Review/Revised:7/23/09